Complete Summary

TITLE

Rheumatoid arthritis: percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 1, Narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. 90 p.

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the Measure Validity page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of members who were diagnosed with rheumatoid arthritis (RA) and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug (DMARD).

RATIONALE

Rheumatoid arthritis (RA) is a chronic autoimmune disorder often characterized by progressive joint destruction and multisystem involvement. It affects approximately 2.5 million Americans and women disproportionately. There is no

cure; consequently, the goal of treatment is to slow the progression of disease and thereby delay or prevent joint destruction, relieve pain and maintain functional capacity.

Disease-modifying anti-rheumatic drugs (DMARD) slow bone erosions and reduce inflammation and long-term structural damage. DMARDs can slow disease progression and improve functional status and health-related quality of life. DMARD treatment within the first three to nine months after diagnosis decreases joint damage, disease activity, pain and disability. Consistent treatment may decrease long-term disability by up to 30 percent.

Evidence-based guidelines support early initiation of DMARD therapy in patients diagnosed with RA. These guidelines include the American College of Rheumatology (ACR) Subcommittee on Rheumatoid Arthritis Guidelines: *Guidelines for the Management of Rheumatoid Arthritis*. All patients with RA are candidates for DMARD therapy, and the majority of the newly diagnosed should be started on DMARD therapy within three months of diagnosis.

The American Pain Society's *Guidelines for the Management of Pain in Osteoarthritis, Rheumatoid Arthritis, and Juvenile Chronic Arthritis* notes that almost all people with RA require pharmacotherapy with DMARD.

PRIMARY CLINICAL COMPONENT

Rheumatoid arthritis (RA); disease modifying anti-rheumatic drug (DMARD) therapy

DENOMINATOR DESCRIPTION

Members age 18 years and older as of December 31 of the measurement year with two face-to-face physician encounters with different dates of service in an outpatient or non-acute inpatient setting on or between January 1 and November 30 of the measurement year with any diagnosis of rheumatoid arthritis (RA) (see the "Description of Case Finding" and the "Denominator Inclusions/Exclusions" fields in the Complete Summary)

NUMERATOR DESCRIPTION

Members who had at least one ambulatory prescription dispensed for a disease modifying anti-rheumatic drug (DMARD) during the measurement year

Refer to Table ART-C in the original measure documentation for a list of the DMARDs included in this measure.

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
External oversight/Medicaid
External oversight/Medicare
External oversight/State government program
Internal quality improvement
National reporting

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

See the "Rationale" field.

ASSOCIATION WITH VULNERABLE POPULATIONS

See the "Rationale" field.

BURDEN OF ILLNESS

Although an individual's course of rheumatoid arthritis (RA) varies, patients with persistent RA develop progressive functional limitation and physical disability. Patients with persistent RA have greater mortality than the general population, with no improvement over the past four decades.

EVIDENCE FOR BURDEN OF ILLNESS

Gonzalez A, Maradit Kremers H, Crowson CS, Nicola PJ, Davis JM 3rd, Therneau TM, Roger VL, Gabriel SE. The widening mortality gap between rheumatoid arthritis patients and the general population. Arthritis Rheum2007 Nov;56(11):3583-7. PubMed

Wolfe F, Cathey MA. The assessment and prediction of functional disability in rheumatoid arthritis. J Rheumatol1991 Sep;18(9):1298-306. PubMed

Wolfe F, Mitchell DM, Sibley JT, Fries JF, Bloch DA, Williams CA, Spitz PW, Haga M, Kleinheksel SM, Cathey MA. The mortality of rheumatoid arthritis. Arthritis Rheum1994 Apr;37(4):481-94. PubMed

UTILIZATION

See the "Costs" field.

COSTS

Individuals with rheumatoid arthritis (RA) have three times the direct medical costs, twice the hospitalization rate and ten times the work disability rate of those without RA. The indirect costs of RA-related disability and work loss are up to three times higher than direct costs associated with the disease.

EVIDENCE FOR COSTS

Harris ED, Zorab R, editor(s). Rheumatoid arthritis. Philadelphia (PA): WB Saunders Company; 1997.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Members age 18 years and older as of December 31 of the measurement year with no more than one gap in enrollment of up to 45 days (commercial, Medicare) or not more than a one-month gap in coverage (Medicaid) during the continuous enrollment period who had any diagnosis of rheumatoid arthritis (RA)

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
Members age 18 years and older as of December 31 of the measurement year with two face-to-face physician encounters with different dates of service in an outpatient or non-acute inpatient setting on or between January 1 and November 30 of the measurement year with any diagnosis of rheumatoid arthritis (RA)*

*Refer to Table ART-A in the original measure documentation for codes to identify rheumatoid arthritis diagnosis and Table ART-B for codes to identify outpatient/non-acute services for RA. A diagnosis code from Table ART-A must be in conjunction with a visit type code from Table ART-B.

Exclusions

- Exclude members diagnosed with HIV. Look for evidence of HIV diagnosis as far back as possible in the member's history through December 31 of the measurement year.
- Exclude members who have a diagnosis code of pregnancy during the measurement year.

Refer to Table ART-D in the original measure documentation for codes to identify exclusions.

RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

DENOMINATOR (INDEX) EVENT

Clinical Condition
Encounter

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
Members who had at least one ambulatory prescription dispensed for a disease modifying anti-rheumatic drug (DMARD) during the measurement year

Refer to Table ART-C in the original measure documentation for a list of the DMARDs included in this measure.

Exclusions
Unspecified

MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data
Pharmacy data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that results are reported separately for the commercial, Medicare and Medicaid product lines.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ART).

MEASURE COLLECTION

HEDIS® 2009: Healthcare Effectiveness Data and Information Set

MEASURE SET NAME

Effectiveness of Care

MEASURE SUBSET NAME

Musculoskeletal Conditions

DEVELOPER

National Committee for Quality Assurance

FUNDING SOURCE(S)

Unspecified

COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

ENDORSER

National Quality Forum

INCLUDED IN

Physician Quality Reporting Initiative

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2005 Jan

REVISION DATE

2008 Jul

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: National Committee for Quality Assurance (NCQA). HEDIS 2008. Healthcare effectiveness data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2007 Jul. various p.

SOURCE(S)

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MEASURE AVAILABILITY

The individual measure, "Disease Modifying Anti-rheumatic Drug Therapy for Rheumatoid Arthritis (ART)," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

COMPANION DOCUMENTS

The following is available:

- National Committee for Quality Assurance (NCQA). The state of health care quality 2008: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2008. 131 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on June 20, 2006. The information was not verified by the measure developer. This NQMC summary was updated by ECRI on January 31, 2007. The updated information was not verified by the measure developer. This NQMC summary was updated by ECRI Institute on February 28, 2008. The information was verified by the measure developer on April 24, 2008. This NQMC summary was updated again by ECRI Institute on March 12, 2009. The information was verified by the measure developer on May 29, 2009.

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